

Assigned DOGM File No.: S1023/0061
DOGM Lead: Wayne Western
Permit Fee \$ _____ Ck # _____
Tag #: 4443

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Box

1594 West North Temple Suite 1210
145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program.

Note on confidentiality: Information provided in the notice of intention relating to the location, size, or nature of the mineral deposit that is clearly marked confidential will be protected as confidential. Each page or map requested to be kept confidential must be stamped or marked as such. The requested confidential information must describe how the confidential material relates to the location size or nature of the mineral deposit; provide a written claim of business confidentiality; and/or include a concise statement of reasons supporting the claim of business confidentiality, unless disclosing the location of explosives or historic, prehistoric, paleontological, or biological resource that must be considered confidential under statute.

"Small Mining Operations" mining operations which have a disturbed area of five or less surface acres at any time.

RECEIVED

OCT 11 2011

I. GENERAL INFORMATION (Rule R647-3-104)

1. Name of Mine: TR#1 TR#2 AKA "SOLAR WIND" #1, #2 DIV. OF OIL, GAS & MINING
2. Legal name of entity (or individual) for whom the permit is being requested: _____
GOT NAMED INC. / (John Holfert)
- Mailing Address: 1174 E. ELECTRA LN.
City, State, Zip: SANDY, UT 84094
Phone: 801-628-3648 Fax: 847-572-1310
E-mail Address: jeremyffuller@gmail.com

Type of Business: Corporation (☒) LLC () Sole Proprietorship (dba) ()
Partnership () General _____ or _____ limited
Or:
Individual ()

Entity must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) www.commerce.utah.gov.

Are you currently registered to do business in the State of Utah? G Yes G No

Entity # 87-0668054

If no, contact www.commerce.utah.gov to renew or apply.

Local Business License # _____ (if required)

Issued by: County _____ or City _____

3. **Contact Person(s)**

Name: JEREMY FULLER Title: PRESIDENT
Address: 1174 E. ELECTRA LN.
City, State, Zip: SANDY, UT 84094
Phone: 801-628-3648 Fax: 847-572-1310
Emergency, Weekend, or Holiday Phone: 801-628-3648
E-mail Address: JEREMYFFULLER@GMAIL.COM

Contact person to be notified for: permitting (X) surety (X) Notices (X) (please check all that apply)

Name: JOHN HOLFERT Title: AGENT
Address: 84 E. 1100 N.
City, State, Zip: BOUNTIFUL, UT 84010
Phone: 801-296-2516 Fax:
Emergency, Weekend, or Holiday Phone: 801-296-2516
E-mail Address: JWHOLFERT@COMCAST.NET

Contact person to be notified for: permitting (X) surety (X) Notices (X) (please check all that apply)

Registered Utah Agent (as identified with the Utah Department of Commerce) (if individual leave blank):

Name: JEREMY FULLER
Address: 1174 E. ELECTRA LN.
City, State, Zip: SANDY, UT 84094
Phone: 801-628-3648 Fax: 847-572-1310
E-mail Address: JEREMYFFULLER@GMAIL.COM

4. **If Business is a Sole Proprietor:**

Name of Owner: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Corporation:

Name of Officers: JEREMY FULLER Title: PRESIDENT

Headquarters Address: 1174 E. ELECTRA LN.
City, State, Zip: SANDY, UT 84094
Headquarters Phone: 801-628-3648 Fax: 847-572-1310
E-mail Address: JEREMYFFULLER@GMAIL.COM

If Business is a Limited Liability Company: Member Managed G Manager Managed G

Name of 1st Member/Manager: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

Name of 2nd Member/Manager: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Partnership:

Name of Partner: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

5. Ownership of Land Surface:

Private (Fee) G Public Domain (BLM) G National Forest (USFS) G
State Trust Land/School Sections G State Sovereign Lands G
Other (please describe): _____
Name Richfield BLM Address _____

Name _____ Address _____
Name _____ Address _____
Name _____ Address _____

6. Ownership of Minerals:

Private (Fee) G Public Domain (BLM) G National Forest (USFS) G
State Trust Land/School Sections G State Sovereign Lands G
Other (please describe): _____
Name Richfield BLM Address _____
Name _____ Address _____
Name _____ Address _____
Name _____ Address _____

BLM Lease or Project File Number(s) and/or USFS assigned Project Number(s): _____
UTU-75879 S/023/061

BLM Claim Numbers UMC409052 , UMC409053

Utah State Lease Number(s): _____

Name of Lessee(s) _____

7. Have the above surface and mineral owners been notified in writing?

Yes XX No _____

If no, why not? _____

*Please be advised that if State Trust Lands are involved, notification to the Division of Oil, Gas and Mining alone does not satisfy the notification requirements of Mineral Leases upon State Trust Lands. Exploration or mining activity on State Trust Lands requires a minimum of 60 days notice to the Trust Lands Administration **prior** to commencing any activities. Please contact the School Institutional Trust Lands Administration (SITLA) at (801) 538-5508 for notification requirements.*

8. Does the Entity have legal right to enter and conduct mining operations on the land covered by this notice? Yes XX No _____